

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/532388

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) | SMALL ENTITY TYPE <input checked="" type="checkbox"/> | OR | OTHER THAN SMALL ENTITY |
|---|------------|---|---|----|-------------------------|
| U.S. NATIONAL STAGE FEES | | | | | |
| BASIC FEE | | SMALL ENT. = \$ 150 LARGE ENT. = \$ 300 | RATE FEE | | RATE FEE |
| EXAMINATION FEE | | Satisfies PCT Article 33(1)(4) = \$ 50 / \$ 100 All other situations = \$ 100 / \$ 200 | BASIC FEE 150 | OR | BASIC FEE |
| SEARCH FEE | | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 All other situations = \$ 250 / \$ 500 | EXAM FEE 100 | | EXAM. FEE |
| FEE FOR EXTRA SPEC. PGS. | | | SEARCH FEE 50 | | SEARCH FEE |
| TOTAL CHARGEABLE CLAIMS | | | X \$ 125 = 250 | OR | X \$ 250 = |
| INDEPENDENT CLAIMS | | | X \$ 25 = | OR | X \$ 50 = |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | X \$ 100 = | OR | X \$ 200 = |
| | | | + \$ 180 = | OR | + \$ 360 = |
| | | | TOTAL 550 | OR | TOTAL |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|-------------|---|------------------------------------|---------------|------------------|----|-------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | RATE |
| | Total | Minus | = | X \$ 25 = | OR | X \$ 50 = |
| | Independent | Minus | = | X \$ 100 = | OR | X \$ 200 = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | + \$ 180 = | OR | + \$ 360 = |
| | | | | TOTAL ADDIT. FEE | OR | TOTAL ADDIT. FEE |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | RATE |
| | Total | Minus | = | X \$ 25 = | OR | X \$ 50 = |
| | Independent | Minus | = | X \$ 100 = | OR | X \$ 200 = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | + \$ 180 = | OR | + \$ 360 = |
| | | | | TOTAL ADDIT. FEE | OR | TOTAL ADDIT. FEE |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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